

## School Transitions during COVID-19: A Toolkit for Military-Connected Families

# Student Questionnaire

## The Need

Faculty and staff are best able to connect students with beneficial resources, activities, and supports when they know about students' interests, background, and goals for the future. For military-connected students who transition schools more often than their peers, this typical process of getting to know faculty and staff naturally over time is cut short or rushed. For those transitioning during the COVID-19 pandemic, this relationship building will be even more challenging.

The typical set of transition documents usually sent with military-connected students is unlikely to provide a full picture of the student or to prompt the receiving school counselor to try to learn more about the student. A student questionnaire used during the enrollment or intake process addresses this gap and provides a way for a counselor to connect with the student.

## Tool Description

Parents can help faculty and staff quickly get to know their children better by having them fill out and send this survey. Sending it can also provide a helpful reminder to the receiving school counselor to connect with the student. Alternatively, a family member could use the questions here as prompts for what to cover in an introductory phone or video-call with a receiving school.

This tool was originally developed by MCEC, CPRL, counselors, and students as part of the Mitigating the Impact of School Mobility Toolkit. It has been revised to include a section specific to transitioning during the COVID-19 pandemic.

# Student Questionnaire

The following questions will help your new school get to know you a little and get you connected with school activities you're interested in. If there are questions you'd prefer not to answer, skip them!

## Student Information

<b>Name</b>	
<b>I prefer to be called</b>	
<b>Pronouns</b>	<input type="checkbox"/> She / Her <input type="checkbox"/> He / Him <input type="checkbox"/> They / Them <input type="checkbox"/> Other:
<b>Age</b>	
<b>Date of Birth</b>	
<b>Grade</b>	<input type="checkbox"/> 6 <sup>th</sup> <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 8 <sup>th</sup> <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 11 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup>
<b>Email Address</b>	
<b>Primary Language</b>	
<b>Other Language(s)</b>	

## School Information

<b>What is the name of the last school you attended?</b>	
<b>How many schools have you attended since Kindergarten?</b>	
<b>How many times have you and your family moved?</b>	

## Interests and Goals

1. List three words that describe you:

2. What are two things you're really good at?

3. Were you involved in any clubs or activities at your previous school? If yes, please list them below.

4. Which sports would you be interested in participating in? Check all that apply:

- |  |                                   |                                       |
|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Volleyball    | <input type="checkbox"/> Tennis   | <input type="checkbox"/> Cheerleading |
| <input type="checkbox"/> Cross-Country | <input type="checkbox"/> Golf     | <input type="checkbox"/> Softball     |
| <input type="checkbox"/> Basketball    | <input type="checkbox"/> Baseball | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Track         | <input type="checkbox"/> Football |                                       |

5. Which clubs or activities would you be interested in participating in? Check all that apply:

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Art Club               | <input type="checkbox"/> Band              | <input type="checkbox"/> Yearbook     |
| <input type="checkbox"/> Student Council        | <input type="checkbox"/> Drama Club        | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> National Honor Society | <input type="checkbox"/> Student 2 Student |                                       |
| <input type="checkbox"/> Orchestra              | <input type="checkbox"/> Newspaper         |                                       |

6. What are your favorite subjects in school?

7. What are your least favorite subjects in school?

8. What is your dream career or job?

9. What are your plans after graduating from high school? Check and answer questions about all options that you're considering.

Attend a 2-year college

Which college? \_\_\_\_\_

What would you like to study? \_\_\_\_\_

Attend a 4-year college

Which college? \_\_\_\_\_

What would you like to study? \_\_\_\_\_

Complete technical/specialized training for a trade job (i.e., electrician, plumber, commercial driver)

What job are you interested in pursuing? \_\_\_\_\_

Start working

What type of work are you interested in pursuing? \_\_\_\_\_

Enlist in the military

Which branch of the military are you interested in enlisting in? \_\_\_\_\_

When are you planning to enlist? \_\_\_\_\_

10. What makes you interested in pursuing that post-graduation pathway?

### Experience during the COVID-19 Pandemic

11. How did you attend school last spring after the pandemic hit?

- In-person, with everything as it usually is
- In-person, but with new social distancing measures
- Hybrid: some days in-person, some days at home
- Distance learning: every day at home
- Other: \_\_\_\_\_

12. What did you like about the way you attended school last spring?

13. What didn't you like about the way you attended school last spring?

14. Do you have an internet-enabled device to use for distance learning?  Yes  No

15. If you answered yes to question 14:

What type of device? \_\_\_\_\_

Do you have to share it with anyone in your family, and if so, with whom? \_\_\_\_\_

### Family Information

16. My guardian(s) right now is/are my:  Parents  Mom  Dad  Grandparents  Other: \_\_\_\_\_

17. Is your parent/guardian/sponsor associated with a branch of military service? If yes, which one?

18. If you answered yes to question 17, is your parent/guardian/sponsor in a deployment cycle?  Yes  No

## Questions and Concerns

19. This school transition feels:

- Great! I'm not nervous at all.
- Pretty good. I have some concerns, but I'm sure I'll be able to handle them.
- Not great. I'm pretty nervous about starting at this school.
- Awful. I'm struggling with this transition.
- Other: \_\_\_\_\_

20. What are you most excited about in your transition to this school?

- Starting classes
- Meeting new friends
- Joining clubs
- Trying out for sports teams
- Meeting new teachers
- Other: \_\_\_\_\_

21. What are you most nervous about in your transition to this school?

- Starting classes
- Meeting new friends
- Joining clubs
- Trying out for sports teams
- Meeting new teachers
- Other: \_\_\_\_\_

22. Do you have any questions for staff or teachers?